DLN: 93493306021090

$_{\text{Form}}990$

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

OMB No 1545-0047

	Revenue	,	► The or	ganızatıon may have to ı	use a copy of th	ns return to satisfy s	state rep	ortıng	requirements		n to Publ spection	
A Fo	r the 2	2009 cale	endar yea	r, or tax year beginning (01-01-2009 a	nd ending 12-31-200)9		B. Pour S.			
_			Please use IRS	C Name of organization SMALL WORLD CHRISTIAN	SCHOOL				D Employer i		ion number	
_	dress ch	lange	label or	Doing Business As	94-1617558 E Telephone number							
_	me char	1	print or type. See						(209) 523	8-4388		
_	tial retur		Specific Instruc-	Number and street (or P O 1032 6TH STREET	box if mail is not	delivered to street addre	ess) Room	/suite	G Gross receip		 15	
_	mınated		tions.									
_	ended r			City or town, state or coun MODESTO, CA 95354	try, and ZIP + 4							
App	olication	pending										
				ne and address of princip HOLTON	oal officer		H(a)		ıs a group retu		- - - - -	_
			10326	TH STREET				affilia	tes	,	Yes 🔽 N	0
			MODES	STO,CA 95354			1		l affiliates inclu		☐ Yes ☐	
Та	x-exem	npt status	▼ 501(c)) (3) ◄ (insert no)	47(a)(1) or □ 5				o," attach a lis)
		<u>'</u> :-► N/A	, 501(0)	, (5) . (·/(u/(1/ 0/ / 0		H(c)	Grot	ıp exemptıon ı	iumber F		
			_		_		<u> </u>					
				ion Trust Association	Other ►		L Yea	ar of fo	rmation 1963	M State o	f legal domicile	e CA
Рa	rt I	Summ Briefly de		e organization's mission	or most signifi	cant activities						
		•		GOSPEL OF JESUS CH	•	cuite decryreres						
caovemianice												
<u> </u>												
2	2	Check th	ıs box 🛏	ıf the organization disc	ontinued its op	erations or disposed	d of more	than	25% of its ne	t assets		
	3	Number	of voting r	members of the governing	g body (Part VI	, line 1a)				з		6
ACUMUES &	4	Number	ofindepen	ident voting members of	the governing l	oody (Part VI, line 1	b)			4		14
	5	Total nur	nber of en	nployees (Part V , line 2a)	•				5		13
3	6	Total nur	nber of vo	lunteers (estimate if nec	essary)					6		0
Ţ.	7a	Total gro	ss unrela	ted business revenue fro	m Part VIII, c	olumn (C), line 12				7a		0
	ь	Net unrel	lated busi	ness taxable income froi	m Form 990-T,	line 34				7b		
								Prio	r Year	Cui	rrent Year	
a,	8			d grants (Part VIII, line :			4,591			0		
ă.	9			revenue (Part VIII, line				382,488		375,	965	
Rayenue	10			ne (Part VIII, column (A			·		4			
	11		-	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) dd lines 8 through 11 (must equal Part VIII, column (A), line							3,	,275
	12			ad lines 8 through 11 (m			ie		387,083		379,	,240
	13			ar amounts paid (Part IX,								0
	14	Benefits	paid to o	r for members (Part IX, o	column (A), line	24)						0
ø	15		, other co	ompensation, employee b	enefits (Part I	K, column (A), lines	5 –		316,829		270,	250
)3e	16a	10)	ional fund	raising fees (Part IX, col	310,829			0				
Expenses	ь					16)						
Ð	17			enses (Part IX, column (D), lır (Part IX, column (A), lıne		f_ 24f)			115,823		176,	877
	18			Add lines 13-17 (must e			'		· · · · · · · · · · · · · · · · · · ·			,136
	19			penses Subtract line 18					-45,569		-67,	
7 0°			•				Beg	inning	g of Current	F		
920								-	ear	En	nd of Year	
net Assets of Fund Balances	20			t X, line 16)					3,178		420,	
<u> </u>	21			Part X, line 26)					47,358		396,	
	22 1111			d balances Subtract line	21 from line 2	0			-44,180		24,	,348
Pal	111		ture Blo	nury, I declare that I have ex	amined this return	including accompanying	n schedules	and e	tatements and t	o the hest (of my knowler	
				correct, and complete Declara								
2i <i>~-</i> -			<u> </u>					201-	10.35			
- · g · ·		***** Signat	* ure of office	er				2010- Date	10-26			
		'		FINEZ DIRECTOR								
			or print nam									
		Preparer's	<u> </u>		Dat	e	Check If		Preparer's idei	ntıfyıng nun	mber	—
Paid		signature		EL A LOPEZ		10-11-02	self- empolyed	• जि	(see instructio	, ,		
	arer's	Firm's nan	ne (or yours	s L MICHAEL A LOPEZ CPA			Simporycu	· I*				
Jse (ıf self-emp		+					EIN 🕨			
	-	addiess, d	ZIF T 4	222 S THOR ST STE 21A					Phone no 🕨	(209) 656-	-0845	
	the ID	l Sidiscuss	this retu	TURLOCK, CA 95380 rn with the preparer show	vn ahove? /coc	instructions \					s FNo	
ı ayı	riie TK3	ン ロけっしはらち	tins retu	with the preparer snov	vii abover (See	manucholls)				ı res	טוו ו כ	

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

PROPAGATE THE GOSPEL OF JESUS CHRIST

2			program services during the year v	which were not listed on	Yes ▼ No
	If "Yes," describe t	hese new services on Sched	ule O		
3		n cease conducting, or make	significant changes in how it con-	ducts, any program	Yes ✓ No
	If "Yes," describe t	hese changes on Schedule ()		
4	Section 501(c)(3)	and 501(c)(4) organizations	reach of the organization's three la and section 4947(a)(1) trusts are evenue, if any, for each program se	e required to report the amour	•
4a	(Code) (Expenses \$	255,616 including grants of \$) (Revenue \$	375,965)
		PRE-SCHOOL EDUCATION FOR CH LD IN A CHRISTIAN SETTING OVE	ILDREN AGES 2 YEARS 6 MONTHS TO 4 YE R 125 CHILDREN ARE SERVED	ARS 9 MONTHS AND AFTER SCHOOL	DAY CARE FOR CHILDREN
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
	-				
	-				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
	·				
4d	Other program se	rvices (Describe in Schedu	e O)		
	(Expenses \$	ıncludır	g grants of \$) (Revenue \$)
4e	Total program ser	vice expenses►\$	255,616		

art TV	Chec	klist n	f Reauire	d Sci	hedules
	CHEC	KIISL U	ı Keuuli e	.u	ncuules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes," complete Schedule G, Part I</i>	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Form	990 (2009)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

		-
Part V	Statements Regarding Other IRS Filings and Tax Compliance	

			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3a		Νο
h	return?	3b		NO
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		Νο
	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		Νο
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		No
ט	Section 501(c)(7) organizations. Enter			140
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	(ı	1	

1032 6TH STREET MODESTO, CA 95354 (209) 523-4388

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body 1a 6			
Ь	Enter the number of voting members that are independent 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	Yes	
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		N o
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a		Νο
ь	Each committee with authority to act on behalf of the governing body?	8b		Νο
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)		3.0	
4.0		40	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		N o
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		Νο
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		N o
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νο
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website Another's website Vupon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			
	interest policy, and financial statements available to the public. See Additional Data Table	_		. b .
20	State the name, physical address, and telephone number of the person who possesses the books and records of the DERRIE MARTINE?	ie orga	nızatıor	1 P

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) (C) A verage Position (check all that apply)							(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee <i>o</i> r director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
KAREN HILL ASST DIRECTOR	40 00				х	х		31,402	0	0
DEBBIE MARTINEZ TEACHER/MANAGER	40 00				х			28,442	0	0
ELSIE HOLTON DIRECTOR	35 00	х						30,600	0	0

Forr	n 990 (2009)			Page 8
1b	Total			
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employ on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	'ee 3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	. 4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	- 5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) (B) Name and business address Description of service	es	(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more that \$100,000 in compensation from the organization •	an I		

Form **990** (2009)

Form 9						Page 9
Part \	/1111	Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
\$ £	1a	Federated campaigns 1a				
Contributions, gifts, grants and other similar amounts	ь	Membership dues 1b				
%.g	С	Fundraising events 1c				
<u>#</u>	d	Related organizations 1d				
ξ <u>Έ</u>	e	Government grants (contributions) 1e				
ntion er s	f	All other contributions, gifts, grants, and similar amounts not included above	_			
き	g	Noncash contributions included in				
돌		lines 1a-1f\$				
्र व	h	Total. Add lines 1a-1f				
e Le		Business Code	—			
ven	2a	CHILD CARE 624,4	10 375,965	375,965		
<u>æ</u>	Ь					
Program Serwce Revenue	С 					
	d					
Ē	e _	All other program corruge revenue				
Ş	f	All other program service revenue				
	g	Total. Add lines 2a-2f	375,965			
	3	Investment income (including dividends, interest				
	4	and other similar amounts)				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	С	Rental income				
	d	or (loss) Net rental income or (loss)				
		(i) Securities (ii) O ther				
	7a	Gross amount from sales of				
		assets other than inventory				
	ь	Less cost or other basis and				
		sales expenses				
	c	Gain or (loss)				
	d 8a	Net gain or (loss)				
<u> </u>	"	events (not including				
듄		\$ of contributions reported on line 1c)				
ě		See Part IV, line 18				
<u>.</u>	l _	a 6,55	0			
Other Revenue	b	Less direct expenses b 3,27 Net income or (loss) from fundraising events b	3,275	3,275		
•	c 9a	Gross income from gaming activities	3,2,3	3,273		
		See Part IV, line 19				
		a				
	Ь .	Less direct expenses b				
	10a	Net income or (loss) from gaming activities				
		returns and allowances .				
		a				
	b с	Less cost of goods sold b Net income or (loss) from sales of inventory •	-			
	-	Miscellaneous Revenue Business Code				
	11a	343				
	ь					
	С					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
			_			
	12	Total revenue. See Instructions	-	270 240	1	i l

379,240

379,240

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

A	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21									
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22									
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	90,444	28,442	62,002	0					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$									
7	Other salaries and wages	153,449	153,449	0	0					
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)									
9	Other employee benefits	2,248	2,248	0	0					
10	Payroll taxes	24,118	13,915	10,203	0					
11	Fees for services (non-employees)									
а	Management									
b	Legal	20,000	0	20,000	0					
C	Accounting									
d	Lobbying									
e	Professional fundraising See Part IV, line 17									
f	Investment management fees									
g	Other									
12	Advertising and promotion	3,487	0	3,487	0					
13	Office expenses	1,458	0	1,458	0					
14	Information technology									
15	Royalties									
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings		_							
20	Interest	43,475	0	43,475	0					
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	10.117	10.117							
23	Insurance	40,117	40,117	0	0					
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)									
а	SUPPLIES-GENERAL	5,034	2,557	2,477	0					
ь	AUTO EXPENSE	450	0	450	0					
c	BANK SVC CHARGES	233	0	233	0					
d	BOOKS & PUBLICATIONS	6,421	6,421	0	0					
e	TELEPHONE	8,329	0	8,329	0					
f	All other expenses	47,873	8,467	39,406	0					
25	Total functional expenses. Add lines 1 through 24f	447,136	255,616	191,520	0					
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			-25,047	1	29,075
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, l highest compensated employees Complete Part II of	key em	ployees, and			
		Schedule L				5	143,400
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of	tion 49	958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net			28,225	7	248,225
8	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a				
	ь	Less accumulated depreciation	10b			10c	
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11		•		12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,178	16	420,700
	17	Accounts payable and accrued expenses .				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
_	20	Tax-exempt bond liabilities				20	
ē.	21	Escrow or custodial account liability Complete Part IV of Schedule I		•		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ë		persons Complete Part II of Schedule L		-		22	
	23	Secured mortgages and notes payable to unrelated third parties				23	348,081
	24	Unsecured notes and loans payable to unrelated third parties .		•	46,500	24	46,500
	25	Other liabilities Complete Part X of Schedule D			858	25	1,771
	26	Total liabilities. Add lines 17 through 25			47,358	26	396,352
-ses		Organizations that follow SFAS 117, check here ► and complete through 29, and lines 33 and 34.	te line:	s 27			
ē.	27	Unrestricted net assets				27	
Balance	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
Fund		Organizations that do not follow SFAS 117, check here 🕨 🔽 and	comple	et e			
5		lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds			1,389	30	93,738
SS	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
As	32	Retained earnings, endowment, accumulated income, or other fund	ls		-45,569	32	-69,390
Ŋet	33	Total net assets or fund balances			-44,180	33	24,348
_	34	Total liabilities and net assets/fund balances			3.178	34	420.700

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νο
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

Employer identification number

OMB No 1545-0047

OMB No 1545-004

Public Charity Status and Public Support

Department of the Treasury
Internal Revenue Service

h

Name of the organization

SMALL WORLD CHRISTIAN SCHOOL

SCHEDULE A

(Form 990 or 990EZ)

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

2009

Open to Public Inspection

		94-1617558			
Par	ŧΙ	Reason for Public Charity Status (All organizations must complete this part.) See instruct	tions		
he or	ganız	zation is not a private foundation because it is (For lines 1 through 11, check only one box)			
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).			
2	굣	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)			
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(hospital's name, city, and state	iii). Ente	r the	
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit	describe	- d ın	
		section 170(b)(1)(A)(iv). (Complete Part II)			
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).			
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi) (Complete Part II)	e general	public	
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)			
9	<u>,</u>	An organization that normally receives (1) more than 331/3% of its support from contributions, membershi	n fees ar	nd aros	c c
	•	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than			,,
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from			
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)	Jili Dusilik		
LO	_	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).			
L 1	<u>'</u>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry	out the	aurnac	os of
	'	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sect the box that describes the type of supporting organization and complete lines 11e through 11h		a)(3).	Chec
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more di other than foundation managers and other than one or more publicly supported organizations described in s section 509(a)(2)	•		
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supcheck this box	porting o	rganız	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?	1		
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No
		and (III) below, the governing body of the the supported organization?	11g(i)		<u> </u>
		(ii) a family member of a person described in (i) above?	11g(ii)		
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		1

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

ınstructions

	Support Schedule (Complete only if y	e for Organiza	tions Describ	ed in IRC 170 7. or 8 of Part)(b)(1)(A)(iv) I.)	and 17	′0(b)(:	1)(A)(vi)	
S	ection A. Public Support			. ,	/				
	endar year (or fiscal year beginning	(-) 200F	(1) 2006	(-) 2007	(4) 2000	(-) 2		(5) T. I	_ 1
	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	2009	(f) ⊤ot	aı
1	Gifts, grants, contributions, and								
	membership fees received (Do not	:							
	ınclude any "unusual								
	grants ")								
2	Tax revenues levied for the								
	organızatıon's benefit and either								
	paid to or expended on its								
	behalf								
3	The value of services or facilities								
	furnished by a governmental unit to)							
_	the organization without charge			+					
4	Total. Add lines 1 through 3								
5	The portion of total contributions b	У							
	each person (other than a								
	governmental unit or publicly								
	supported organization) included o	n							
	line 1 that exceeds 2% of the								
	amount shown on line 11, column								
_	(f)	_							
6	Public Support. Subtract line 5 from line 4	1							0
	ection B. Total Support							1	
	ection B. Total Support endar year (or fiscal year beginning		1	I					
Cai	, , , , , ,	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Tota	al
-	in)								
7	A mounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								0
	securities loans, rents, royalties and income from similar								· ·
	sources								
9	Net income from unrelated								
9	business activities, whether or								
	not the business is regularly								
	carried on								
10	Other income (Explain in Part								
10	IV) Do not include gain or loss								
	from the sale of capital assets								
11	Total support (Add lines 7								
	through 10)								
12	Gross receipts from related activit	ies, etc (See ins	tructions)	•	•	12			
13	First Five Years If the Form 990 is	for the organizat	ion's first second	l third fourth or	fifth tay year as a		3) organ	ızatıon	
13	check this box and stop here	ior the organizat	ion's mist, second	i, tillia, louitii, oi	ilitii tax yeal as a	301(0)(.)) organi	Zation, ▶	
	check this box and stop here							-,	
	ection C. Computation of Pu	blic Support F	Percentage						
14	Public Support Percentage for 200			11 column (f))		14			0 %
	-	•		11 column (1))					0 70
15	Public Support Percentage for 200	18 Schedule A, Pa	irt II, line 14			15			
16a	33 1/3% support test—2009. If the	e organızatıon dıd	not check the bo	x on line 13, and	line 14 is 33 1/39	% or more	, check	this box	
	and stop here. The organization qu	alıfıes as a public	ly supported orga	anızatıon				► □	
b	33 1/3% support test—2008. If the	e organızatıon dıd	not check the bo	x on line 13 or 10	6a, and line 15 is	33 1/3%	or more	, check this	
	box and stop here. The organization	n qualifies as a p	ublicly supported	organızatıon				▶ -	
17a	10%-facts-and-circumstances test	_							
	is 10% or more, and if the organiza			•		-	•		
	ın Part IV how the organization me	ets the "facts and	d cırcumstances"	test The organiz	zatıon qualıfıes as	a publicl	y suppo		
	organization							► □	
b	10%-facts-and-circumstances test	_							
	15 is 10% or more, and if the orga			•		-			
	Explain in Part IV how the organiza	ation meets the "1	acts and circums	tances" test The	e organızatıon qua	lifies as	a publicl		
	supported organization							▶ □	
18	Private Foundation If the organiza	tion did not check	ca box on line 13	, 16a, 16b, 17a c	or 17b, check this	box and	see		

►□

organization

Pa	(Complete only if you				(a)(2)		
Se	ction A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,			+			
2	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513 Tax revenues levied for the						
4	organization's benefit and either						
	paid to or expended on its						
	behalf			-			
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public Support (Subtract line 7 c from line 6)						
Se	ction B. Total Support	1				1	
	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	ın)	(4) 2003	(2) 2000	(6) 2007	(4) 2000	(0,200)	(1) otal
9	A mounts from line 6 Gross income from interest,						
10a	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
ь	sources Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
с 11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
12	business is regularly carried on Other income. Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is fo	or the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orga	
	check this box and stop here						►□
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	0 %
16	Public support percentage from 200	8 Schedule A , P	art III, line 15			16	
Se	ction D. Computation of Inve						
17	Investment income percentage for 2	009 (line 10c co	olumn (f) divided l	by line 13 colum	n (f))	17	0 %
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	. 7		18	
19a	33 1/3% support tests—2009. If the					than 33 1/3% ar	nd line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T	ne organization q	ualities as a publ	ıcıy supported		

33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID:

Software Version:

EIN: 94-1617558

Name: SMALL WORLD CHRISTIAN SCHOOL

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SUPPLIES-GENERAL	5,034	2,557	2,477	0
AUTO EXPENSE	450	0	450	0
BANK SVC CHARGES	233	0	233	0
BOOKS & PUBLICATIONS	6,421	6,421	0	0
TELEPHONE	8,329	0	8,329	0

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DLN: 93493306021090

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public

erna	Revenue Service Attach to Fo	orm 990. ► See separate instructions.		Inspection
	me of the organization		Emplo	oyer identification number
SIM	ALL WORLD CHRISTIAN SCHOOL		94-1	617558
Pa	rt I Organizations Maintaining Donor Ad		nds o	or Accounts. Complete if the
	organization answered "Yes" to Form 99	T	/1	- \ _
I	Total number at end of year	(a) Donor advised funds	(1) Funds and other accounts
L)	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		or advis	ed Yes No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit			
Pa	Conservation Easements. Complete	ıf the organization answered "Yes" to	Form	990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualication of the last day of the tax year	on or pleasure) Preservation of an l Preservation of a co	ertıfıed	
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified his	storic structure included in (a)	2c	
d	Number of conservation easements included in (c) ac	cquired after 8/17/06	2d	
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminated	by the	e organization during
	the taxable year 🗠			
ı	Number of states where property subject to conserva	ation easement is located ►	_	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ling of v	violations, and Yes No
5	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easeme	ents du	ring the year 🗠
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements	during	the year 🕨 \$
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2 (d) above satisfy the requirements of sect	ion	┌ Yes
•	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	the footnote to the organization's financial : nents	statem	ents that describes
ar	TIME Organizations Maintaining Collection Complete if the organization answered "	ons of Art, Historical Treasures, o "Yes" to Form 990 Part IV June 8	or Oth	er Similar Assets.
La	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue statemer for public exhibition, education or research	h ın furt	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in		
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			▶ \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		r financ	ıal gaın, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tr</u>	easur	es, or C	the	r Similar As	sets (c	ontinued)
3		ng the organization's accession and othens (check all that apply)	r records, check any	ofth	ie foll	owing t	that are	a sıgnıfıca	ant us	se of its collec	tion	
а	Γ	Public exhibition		d	Γ	Loan	orexcha	nge prog	rams			
b	Γ	Scholarly research		e	Γ	Other						
c	Γ	Preservation for future generations										
4		vide a description of the organization's co : XIV	ollections and explai	ın hov	v the	/ furthe	er the or	ganızatıor	ı's ex	empt purpose	ın	
5		ing the year, did the organization solicit o ets to be sold to raise funds rather than t			,					ılar	☐ Yes	┌ No
Pa	rt IV	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Ye	es" to Form !	₹90,	
1a		he organization an agent, trustee, custod uded on Form 990, Part X?						other ass	ets n	ot	┌ Yes	┌ No
b	If"Y	es," explain the arrangement in Part XIV	/ and complete the t	follow	ıng ta	able		Г		Δ.	nount	
С	Pos	unning halance						-	1c		- Iount	
	_	linning balance						-	1d			
d		ditions during the year						}				
e •		tributions during the year						}	1e			
f		ling balance						L	1f			
2a		the organization include an amount on Fo		21?							│ Yes	☐ No
b		es," explain the arrangement in Part XIV				1 .03 *	-0 -	005		T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Pa	rt V	Endowment Funds. Complete	f the organization (a)Current Year		were Prior \			orm 990, Years Back		t IV, line 10. Three Years Back	(e)Four V	'ears Back
1a	Bea	inning of year balance	(a)callelle real	(0)	, 1101	cui	(C) WO	. cars back	(4)	ee rears back	(C) Our 1	cars back
		ntributions							+			
c		estment earnings or losses							+			
d		nts or scholarships										
e	Oth	er expenditures for facilities programs										
f	Adn	ninistrative expenses										
g	End	of year balance										
2	Prov	vide the estimated percentage of the yea	r end balance held a	ıs								
а	Boa	rd designated or quasi-endowment 🕨	%									
ь	Perr	manent endowment 🕨 %										
c	Terr	m endowment 🕨 %										
3a		there endowment funds not in the posses	ssion of the organiza	ation t	that a	re held	d and ad	mınıstere	d for t	the	Yes	No
	(i) u	unrelated organizations			•					3a		
b		related organizations		d on S	ched	ule R?			٠	3a	(ii) b	
4		cribe in Part XIV the intended uses of th										
Pa	rt VI	Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 9	90, Par	t X, line	10.	T		
		Description of investment				a) Cost o sıs (ınve	or other estment)	(b)Cost or basis (ot		(c) Accumulat depreciation		Book value
1a	Land											
b	Build	ıngs										
c	Lease	ehold improvements										
d	Equip	oment										
е	Othe	r	<u> </u>									
		d lines to to (Column (d) about desiral Fo	000 Part V!	(E)	lim-	10/-11				-		

(a) Description of security or category			d of valuation
(including name of security)	(b)Book value		f-year market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line :		
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation f-year market value
		Cost or end-or	- year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			
			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
ь	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV) 4b	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
ь	Prior year adjustments	1
c	Other losses	1
d	Other (Describe in Part XIV) 2d	1
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV) 4b]
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t	

Identifier Return Reference Explanation

additional information

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization SMALL WORLD CHRISTIAN SCHOOL

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

94-1617558 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes THE RACIALLY NONDISCRIMINATORY POLICY IS STATED ON THE ADMISSIONS PAPERWORK FOR ALL APPLICANTS 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) Νo 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 7 Yes 990)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493306021090

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization SMALL WORLD CHRISTIAN SCHOOL **Employer identification number**

94-1617558

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

(a) Name of disqualified person 1

(b) Description of transaction

(c) Corrected?

Yes No

sect	ction 4958 .																			
					•														-	\$
3 Ente	ter the amou	nt of	tax,	ıfany	, on li	ine 2	, abo	ve, r	eımb	urse	ed by	/ the	org	anıza	tion				•	\$

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) O riginal principal amount	(d)Balance due	(e) I n default?		Approved by board or committee?		(g) Written agreement?	
	То	From			Yes	No	Yes	No	Yes	No
RAY ELSIE HOLTON PART OF LITIGATION		×	180,000	143,400		Νο	Yes			No

Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c)A mount of grant or type of assistance

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) A mount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

Yes No efile GRAPHIC print - DO NOT PROCESS

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DLN: 93493306021090

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Supplemental Information to Form 990

Name of the organization SMALL WORLD CHRISTIAN SCHOOL Employer identification number

94-1617558

ldentifier	Return Reference	Explanation				
Pt VI-A, Line 5		ON-GOING LITIGATION SINCE AUGUST 2008 FORMER PASTOR				
Pt VI-A, Line 5		EMBEZZLED FUNDS FROM THE SCHOOL				
Pt VI-A, Line 8a		MONTHLY MEETINGS ARE HELD, BUT NO MINUTES ARE TAKEN				
Pt VI-A, Line 8b		MEETINGS ARE HELD, BUT NO MINUTES ARE TAKEN				
Pt VI-B, Line 11A		THE DIRECTOR OF THE SCHOOL REVIEWS THE 990 BEFORE FILING				
Pt VI-B, Line 15		COMPENSATION OF DIRECTORS AND KEY EMPLOYEES ARE BASED				
Pt VI-B, Line 15		UPON THE BUDGET FOR THE YEAR				
Pt VI-C, Line 19		FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON				

ldentifier	Return Reference	Explanation
Pt VFC, Line 19		REQUEST